SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. 2 . TOTAL TOTAL TOTAL DEP.

TOTAL

PTO-1380 (3-78)

TOTAL

TOTAL.